

**SAINT AGNES SCHOOL**

251 North Amos Avenue

Springfield, IL 62702

2018-2019

**GRADES K-8 REGISTRATION FORM**

Date \_\_\_\_\_

Registering for Grade \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
Last First Middle

Child's Date of Birth \_\_\_\_\_ Place \_\_\_\_\_  
Month Day Year City State

Child's Home Address \_\_\_\_\_  
City Zip

Child's Home Phone \_\_\_\_\_ Child's Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Phone Number to be used for School Messenger Emergency Contact \_\_\_\_\_

Email Address for School Communications \_\_\_\_\_

School last attended \_\_\_\_\_  
Name Address City Zip

Parents are registered in \_\_\_\_\_ Parish

**Father** \_\_\_\_\_ Religion \_\_\_\_\_  
First and Last Name

Place of Birth \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother** \_\_\_\_\_ Religion \_\_\_\_\_  
First & Maiden Names

Place of Birth \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Custodial Parent:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

**Child living with:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Please provide additional information below if applicable:**

Step-Parent \_\_\_\_\_ Phone \_\_\_\_\_  
Name Address Zip

Step-Parent \_\_\_\_\_ Phone \_\_\_\_\_  
Name Address Zip

**PLEASE COMPLETE ALL SACRAMENTAL INFORMATION ON REVERSE SIDE - TURN PAGE OVER**

**SAINT AGNES SCHOOL**

251 North Amos Avenue

Springfield, IL 62702

**Baptism** \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year

Place \_\_\_\_\_ Certificate Seen \_\_\_\_\_  
City State (Office use only)

**First Communion** \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year

Place \_\_\_\_\_ Certificate seen \_\_\_\_\_  
City State (Office use only)

**Confirmation** \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year

Place \_\_\_\_\_ Certificate seen \_\_\_\_\_  
City State (Office use only)